

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097762852**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20			1				70						
21				1			71						
22				1			72						
23				1			73						
24				1			74						
25				5			75						
26				0			76						
27				0			77						
28				0			78						
29				0			79						
30				0			80						
31				0			81						
32				0			82						
33				0			83						
34				0			84						
35				0			85						
36				0			86						
37				0			87						
38				0			88						
39				0			89						
40				0			90						
41				1			91						
42				0			92						
43			1				93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2				TOTAL IND.						
TOTAL DEP.			26				TOTAL DEP.						
TOTAL CLAIMS			28				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS